

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. h.		10/26/99
O.I.P.E. CLASSIFIER		10	10-29-99
FORMALITY REVIEW	OK	21423	11-4-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 — ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2-22-01
2	✓	✓	1-12-01
3	✓	✓	6-15-02
4	✓	✓	11-29-02
5	✓	✓	2-24-04
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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If more than 150 claims or 10 actions  
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